

<b>Department of Health &amp; Welfare</b> <b>Bureau of Facility Standards</b> <b>Residential Care or Assisted Living Checklist</b>	Version Date: 5/06 Page 1 of 2  <b>Checklist #8</b>	
<b>Functional Area: Negotiated Service Agreement and Care and Services Provided</b>	Yes = In Compliance No = Further Action Needed	
<b>Objective:</b> The facility has developed, signed and dated, and implemented the Negotiated Service Agreement (NSA), so that all parties understand what cares and services are to be provided.		
<b>Specific Criteria</b>	<b>Yes</b>	<b>No</b>
<b>Policy and Procedure: IDAPA 16.03.22.153.04</b> 1. Does the facility have policy and procedure to guide staff when they provide care and services to residents in the following areas: a. Activities of daily living? b. Dietary and eating? c. Dignity? d. Assuring each resident's rights? e. Medication assistance? f. Providing privacy? g. Social activities? h. Supervision? i. Supporting resident independence? j. Telephone access? {IDAPA 16.03.22.153.04. a to j}		
<b>Requirements for the NSA: IDAPA 16.03.22.320</b> 1. Is there an Interim Plan to guide staff for each resident while the NSA is being completed? {IDAPA 16.03.22.320}		
2. Are the NSA's completed and signed within 14 calendar days from admission? {IDAPA 16.03.22.320}		
3. Does the NSA provide for: a. Coordination of services? b. Description of services to be provided? c. Instruction to staff of how care or services are to be given? d. Frequency of services? {IDAPA 16.03.22.320.01}		
4. Is the NSA implemented? In other words, has the facility started to provide the agreed upon services to the resident? {IDAPA 16.03.22.320.01}		
5. Is the NSA based on the following Key Elements: a. The resident's uniform assessment or assessment based on the uniform assessment criteria? b. Amount of support for activities of daily living? c. Health services? d. Amount of assistance for medications? e. How often the services are to be provided? f. Scope (range or area) of needed assistance? g. Habilitation needs? (Specify the program being used) h. Training needs? (Specify the program being used) i. Identification of specific inappropriate behaviors, situations that trigger them and interventions that help decrease them? j. Doctor's signed and dated orders? (continued on next page)		

Specific Criteria	Yes	No
k. Admission records information? l. Community support systems for the resident? m. Resident desires? n. Transfer plans? o. Discharge plans? p. Identification of individual services being provided by other providers? Who is providing the service? q. Other Identified needs? {IDAPA 16.03.22.320.02}		
6. Is the NSA signed and dated by the administrator? {IDAPA 16.03.22.320.03}		
7. Is the NSA signed and dated by the resident, the legal guardian or conservator? {IDAPA 16.03.22.320.03}		
8. Is the resident included in the development of the NSA? Is the resident allowed choices for services, vendors, etc.? {IDAPA 16.03.22.350.05 and 07}		
9. Does the resident, legal guardian, or conservator have a copy of the NSA? {IDAPA 16.03.22.350.06}		
10. Is there a copy of the NSA in the resident's record? {IDAPA 16.03.22.350.06}		
11. Is the NSA reviewed and updated? a. When there is significant change in how you are providing care and services to the resident? b. And at least every 12 months? {IDAPA 16.03.22.320.08}		
<b>Record Keeping and Documentation: IDAPA 16.03.22.710.08, 711.06</b>		
1. Is the signed and dated Interim Plan contained in each resident's record? {IDAPA 16.03.22.710.08}		
2. Is the signed and dated initial/admission NSA contained in each resident's record? {IDAPA 16.03.22.710.08 and 711.06}		
3. Are the signed and dated NSA's covering the past 18 months contained in each resident's record? {IDAPA 16.03.22.711.06}		

**The check lists can be used as a quality improvement tool and are offered as a helpful guide.**  
**They do not take the place of the rule requirements.**  
**It is highly recommended that the check lists be used in conjunction with the rules themselves.**